

PELVIC ULTRASOUND PREP INSTRUCTIONS

EXAM DATE: _____

EXAM TIME: _____

Your physician has ordered an examination of your reproductive organs. We will be checking your uterus and ovaries for any abnormalities. This examination does require you to come with a full bladder. This needs to be done before arriving to the Radiology Department. You need to drink at least **32 ounces** of **water only**, starting two hours prior to your scheduled appointment. All of the 32 ounces of water needs to be finished completely within 30 minutes after starting.

The ultrasound technologist will ask you to change into a gown and lie down on the table in the ultrasound room. Warm jelly will be applied in the area to be scanned. After the examination is completed you will be able to empty your bladder.

On some occasions, the Radiologist will ask the ultrasound technologist to do a transvaginal study. This may be done after the regular study or scheduled for another day depending on the time available. This examination is not painful. You will be asked to place a probe, which will be covered with a condom, into your vagina. This additional examination will enable the better visualization of the ovaries or a very early pregnancy.

It is very important to come with a full bladder! If your prep is not completed, the examination will be rescheduled for another day. Other patients will come in fully prepped and we do not want to inconvenience them.

If there are any questions or you need to reschedule your appointment please contact the Radiology Department at (256) 955-8888 extension # 1800 or 1-800-223-9531 extension # 1800.

Fill out the questions on the back of this instruction sheet prior to coming in for your appointment and bring this with you, thank you.

PLEASE PRINT

Name: _____

My last menstrual period began on: _____
(month/day/year)

If you have stopped having menstrual periods, answer the following questions:

1. My uterus was removed..... ☐ Yes ☐ No
2. I have been through menopause ☐ Yes ☐ No
3. Do you take female hormone pills?..... ☐ Yes ☐ No

If you are still menstruating, answer the following:

I am currently using:

Birth Control Pills ☐ Yes ☐ No

An IUD ☐ Yes ☐ No

I am pregnant. ☐ Yes ☐ No ☐ Maybe

My doctor did a pregnancy test on _____ ☐ Blood ☐ Urine
(MM/DD/YYYY)

The test was: ☐ Positive ☐ Negative

ALL PATIENTS ANSWER THE FOLLOWING:

I have recently had vaginal bleeding ☐ Yes ☐ No

I have pelvic pain ☐ Left side ☐ Right Side ☐ Both

I have cramping..... ☐ Yes ☐ No

Other symptoms (describe):

SURGICAL HISTORY:

I have had an operation on my female organs: . ☐ Yes ☐ No

My uterus was removed. ☐ Yes ☐ No

My ovary was removed. ☐ Yes ☐ No

(☐ Right ovary ☐ Left ovary ☐ Both ovaries)

I have been treated for cancer of my female organs: ☐ Yes ☐ No